

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007830

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. 4387 Registrar's No. 16

FILED MAR 13 1963

VS 300
Rev. 4/59

1 0750

2 0750

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9 1992

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11

12 90-2

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>OREGON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ALTON</u>		c. CITY OR TOWN <u>ALTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>—</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	
3. NAME OF DECEASED (Type or print) <u>HELEN HIGHFILL SIPE</u>		4. DATE OF DEATH Month <u>3</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/12/1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11a. BIRTHPLACE (City and state or country) <u>THAYER, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>W.D. HIGHFILL</u>		13b. MOTHER'S MAIDEN NAME <u>EDITH STARK</u>	
14. NAME OF HUSBAND OR WIFE <u>JESS SIPE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>JESS SIPE</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal Cancer -</u> Lungs, and Brain Area DUE TO (b) <u>Senile Body Changes.</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>—</u> PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>—</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>		20c. TIME OF INJURY Hour <u>—</u> s.m. <u>—</u> p.m. <u>—</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Alton Oregon Mo</u>	
20f. CITY, TOWN, OR LOCATION <u>Alton</u>		20g. COUNTY <u>Oregon</u>	
20h. STATE <u>Mo</u>		21. I attended the deceased from <u>8-4-49</u> to <u>3-7-63</u> and last saw her alive on <u>3-7-63</u> Death occurred at <u>10:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. M. Ashcraft D.O.</u>		22b. ADDRESS <u>Alton Mo</u>	
22c. DATE SIGNED <u>3-8-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>3-9-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>THAYER CEMETARY</u>	
23d. LOCATION (City, town, or county) <u>THAYER</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>John & Mary Alton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ray O. Bladen p.w.R.H.</u>		27. ADDRESS <u>—</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 20 1963

Funeral Permit # 3-18-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398 ALTON, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.